



Name: MEANS, WILLIAM

Incident #: 200502-1008-BCAA

Date: 05/02/2020

Patient 1 of 1

Ongoing Assessment			
Category	Comments	Abnormalities	
Back		Cervical	No Abnormalities
		Thoracic	+ Pain on ROM - Deformity, Scoliosis, Tender Paraspinous, Tender Spinous
		Lumbar/Sacral	+ Pain on ROM - Deformity, Scoliosis, Tender Paraspinous, Tender Spinous
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	+ Paralysis
		Right Leg	+ Paralysis
		Pulse	+ Pedal: 2+ Normal, Radial: 2+ Normal
		Capillary Refill	+ Left Upper: < 2 Sec
Neurological		Neurological	No Abnormalities

Assessment Time: 05/02/2020 09:30:37

Narrative	
<p>MEDIC 40 DISPATCHED TO SCENE TO ASSIST LAW ENFORCEMENT VIA 911. 911 STATED LAW ENFORCEMENT WAS IN A HIGH SPEED PURSUIT WITH SUBJECT AND SUBJECT HAD CRASHED. ON SCENE EMS FOUND A 30 YEAR OLD MALE WHO WAS ALERT TO PERSON, PLACE, TIME, AND EVENT. PATIENT WAS LAYING PRONE AND WAS HANDCUFFED. PATIENT STATED HE WAS SHORT OF BREATH SO LAW ENFORCEMENT CUFFED PATIENT WITH HANDS IN FRONT AND ROLLED PATIENT ONTO HIS BACK. EMS PLACED PATIENT ONTO OXYGEN VIA NC @2LPM. LAW ENFORCEMENT STATED THEY CHASED PATIENT FROM SOUTH CHARLESTON TO THE SCENE WHERE PATIENT HAD HIT A SET OF RAILROAD TRACKS AND WAS THROWN AROUND 20FT INTO A CREEK. PATIENT HAD A C/C OF BACK PAIN AND LOWER EXTREMITY PARALYSIS. C-SPINE WAS SET IN PLACE WITH A CERVICAL COLLAR. PATIENT CLOTHES WERE SOAKED, EMS REMOVED ALL WET CLOTHING. EMS PERFORMED A RAPID ASSESSMENT AND FOUND NO OBVIOUS INJURIES. EMS PLACED PATIENT ONTO A BACKBOARD AND SECURED WITH SPIDER STRAPS. PATIENT DENIED ANY NECK PAIN SO EMS CAREFULLY REMOVED HELMET DUE TO POSSIBLE ASPIRATION/AIRWAY COMPROMISE FROM VOMITING. EMS MOVED PATIENT TO THE STRETCHER VIA CARRY. PATIENT WAS PLACED ON THE STRETCHER WHILE REMAINING SECURED TO BACKBOARD. ONCE IN THE AMBULANCE BASELINE VITALS WERE OBTAINED AND FOUND TO BE WITHIN NORMAL LIMITS. 4 LEAD ECG OBTAINED AND FOUND A SINUS RHYTHM. 18G IV PLACED IN PATIENT LEFT ANTECUBITAL. PATIENT WAS GIVEN A WARM 20ML/KG FLUID BOLUS. FURTHER ASSESSMENT REVEALED LUNGS CTA, PEARL, 10/10 PAIN, NO FEELING FROM WAIST DOWN. VITALS/FLUIDS WERE MONITORED IN ROUTE. IN ROUTE PATIENT WAS GIVEN 4MG ZOFRAN FOR NAUSEA AND 80MCG FENTANYL FOR PAIN. UPON ARRIVAL OF RECEIVING PATIENT WAS UNLOADED AND MOVED INSIDE VIA STRETCHER. PATIENT WAS PLACED IN TRAUMA 1. PATIENT REPORT AND PAPERWORK WERE GIVEN TO TRAUMA TEAM AND CARE WAS RELEASED.</p> <p>MEDBASE# 1396597</p> <p>PATIENT WAS UNABLE TO SIGN DO TO BEING FULLY IMMOBILIZED.</p>	

Specialty Patient - Motor Vehicle Collision			
Patient Injured	Yes	Law Enforcement Case #	
Vehicle Type	Motorcycle	Collision Indicators	Ejection
Position In Vehicle	Front Seat - Left Side (or motorcycle driver)	Damage Location	Right Side, Right Front, Left Front, Center Front, Left Side
Seat Row	1	Airbag Deployment	No Air Bag(s) Present
Weather	Clear	Safety Devices	Helmet Worn
Extrication Required	No	Extrication Comments	
Estimated Speed	50mph\80 kph	Extrication Time	

Specialty Patient - Trauma Criteria			
Anatomic	Spinal Injury/Paralysis	Trauma Activation	Yes
Physiologic	None	Time	09:35:56
Mechanical	Motorcycle/ATV>20 mph, Ejection	Date	05/02/2020
Other Conditions	Provider Suspicion	Trauma level	Level 2
		Reason Not Activated	

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition	Transported No Lights/Siren	PSAP Call	
Location	DARTMONT ROAD AREA OF KANAWHA/BOONE LINE	Transport Due To	Closest Facility	Dispatch Notified	
Address	DARTMONT ROAD	Transported To	CAMC General/Emergency Dept.	Call Received	08:20:00
Address 2		Requested By	Law Enforcement	Dispatched	08:20:00
Mile Marker		Destination	Hospital	En Route	08:22:00
City	Ashford	Department	Emergency Room	Resp on Scene	
County	Boone	Address	501 Morris St.	On Scene	08:34:00
State	WV	Address 2	PRIORITY 2 ROOM 1	At Patient	08:35:00
Zip	25009	City	Charleston	Care Transferred	
Medic Unit	C3106	County	Kanawha	Depart Scene	09:14:00



Boone County Ambulance Authority  
Patient Care Record

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Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Medic Vehicle	40	State	West Virginia	At Destination	09:45:00
Run Type	911 Response	Zip	25301	Pt. Transferred	09:50:00
Priority Scene	Emergent	Zone		Call Closed	09:55:00
Shift	A-Shift	Condition at Destination	Improved	In District	10:30:00
Zone	Area 400	Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Traffic Accident	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			

Crew Members		
Personnel	Role	Certification Level
PERDUE, JOSHUA	Lead	EMT-Paramedic (West Virginia) - WV076922
Brown, Joshua	Driver	EMT-Basic - WV064281

Insurance Details				
Insured's Name		Primary Payer		Dispatch Nature MVC ASSIST LAW ENFORCEMENT
Relationship		Medicare		Response Urgency Immediate
Insured SSN		Medicaid		Job Related Injury No
Insured DOB		Primary Insurance		Employer
Address1		Policy #		Contact
Address2		Group #		Phone
Address3		Secondary Ins		
City		Policy #		
State		Group #		
Zip				
Country				

Mileage		Delays		Additional Agencies
Scene	6421.0	Category	Delays	
Destination	6440.0	Dispatch Delays	None/No Delay	
Loaded Miles	19.0	Response Delays	None/No Delay	
Start	6411.0	Scene Delays	Patient Access, Law Enforcement Assistance	
End	6460.0	Transport Delays	None/No Delay	
Total Miles	49.0	Turn Around Delays	None/No Delay	

Consumables					
Description	Qty	Description	Qty	Description	Qty
None on This Call	1				

Personal Items		
Item	Given To	Comment
Other	CAMC SECURITY	BACK PACK/SHOES

Patient Transport Details			
How was Patient Moved to Ambulance	Backboard	How was Patient Moved From Ambulance	Stretcher
Patient Position During Transport	Supine	Condition of Patient at Destination	Improved

Transfer Details			
PAN		Sending Physician	
PCS	No	Sending Record #	
ABN	No	Receiving Physician	
CMS Service Level	ALS, Level 1 Emergency	Condition Code	
ICD-9 Code		Condition Code Modifier	
Transfer Reason			
Other/Services			
Medical Necessity	Emergency-, Immobilized-, Oxygen-, Possible Fracture-, Stretcher-		

NEMSIS Transmission Details (West Virginia)			
Name	Value	Name	Value
Patient Care Report Number	F2726205A8F74EE99C2DABAF00A71336	Race	White



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Patient 1 of 1

**NEMSIS Transmission Details (West Virginia)**

Software Creator	ESO Solutions	Ethnicity	Not Hispanic or Latino
Software Name	EHR	Occupational Industry	
Software Version	5.0	Occupation	
EMS Agency Number	30342	Chief Complaint Organ System	
Primary Role of the Unit	Ground Transport	Sending Facility Medical Record Number	
EMS Unit Sticker Number	C3106	Presence of Emergency Information Form	No
Complaint Reported by Dispatch	Traffic Accident	Pregnancy	No
EMD Performed		Destination/Transferred To, Code	F00005269
EMD Card Number		Type of Destination	Hospital
Unit Cancelled Date/Time		Emergency Department Disposition	
CMS Service Level	ALS, Level 1 Emergency	Hospital Disposition	
Condition Code Number		PPE Used	Gloves, Mask-Surgical (Non-Fitted), Reflective Vest, Mask-N95 (Reuse)
Air Ambulance Modifier		Suspected Intentional/Unintentional Disaster	
Initial Responder Arrived on Scene		Suspected Contact with Blood/Body Fluids, EMS Injury/Death	No
Number of Patients at Scene	1	Personnel Exposed	
Mass Casualty Incident	No	Created By	PERDUE, JOSHUA
Incident Location Type	Street or Highway	Research Survey Field	
Incident Facility Code	Not Recorded	Research Survey Field Title	Medical Command RunID Number





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Patient Information				Clinical Impression			
Last	MEANS	Address	821 1ST AVE S	Primary Impression	Injury of Lower Back		
First	WILLIAM	Address 2		Secondary Impression	Paralysis		
Middle		City	Nitro	Protocol Used	100 - Universal Protocol		
Gender	Male	State	WV	Anatomic Position	Back		
DOB	08/25/1989	Zip	25143	Chief Complaint	BACK PAIN		
Age	30 Yrs, 8 Months, 7 Days	Country	US	Duration	20	Units	Minutes
Weight	180.0lbs - 81.6kg	Tel	3044372312	Secondary Complaint	PARALYSIS		
Pedi Color		Physician		Duration	20	Units	Minutes
SSN	232376895	Ethnicity	Not Hispanic or Latino	Patient's Level of Distress			
Race	White			Signs & Symptoms	Injuries - Injury to lower leg Pain - Back pain		
Advance Directives	None			Injury	Motorized Vehicle Accident - Motorcycle traffic accident injures occupant - Street or Highway - 05/02/2020		
Resident Status				Medical/Trauma	Trauma		
				Barriers of Care	Physically Impaired		
				Alcohol/Drugs	Patient Admits to Drug Use		
				Pregnancy	No		
				Initial Patient Acuity			
				Final Patient Acuity			
				Patient Activity			

Medication/Allergies/History	
Medications	None Reported
Allergies	Penicillin allergy
History	IV Drug Use/Abuse

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
09:10	Alert	R	Lay	158/96 A	73 R	18 R	98 Ox			196	98.1 F/TY	10	15=4+5+6/NQ	12	
09:25	Alert	R	Lay	143/76 A	84 R	18 R	100 Ox					10	15=4+5+6/NQ	12	
09:40	Alert	R	Lay	152/97 A	81 R	18 R	100 Ox					6	15=4+5+6/NQ	12	

ECG			
Time	Type	Rhythm	Notes
09:10	4-Lead	Sinus Rhythm	
09:25	4-Lead	Sinus Rhythm	
09:40	4-Lead	Sinus Rhythm	

Flow Chart			
Time	Treatment	Description	Provider
08:35	ALS Assessment	Patient Response: Unchanged; Successful;	PERDUE, JOSHUA
08:50	Spinal Motion Restriction	Cervical Collar; Patient Response: Unchanged; Successful;	Brown, Joshua
08:52	Spinal Motion Restriction	Long Spine Board; Patient Response: Unchanged; Successful;	PERDUE, JOSHUA
08:53	Spinal Motion Restriction	C.I.D; Patient Response: Unchanged; Successful;	PERDUE, JOSHUA
09:00	Oxygen	Nasal Cannula (NC); Flow Rate 2 lpm; Patient Response: Improved; Successful;	PERDUE, JOSHUA
09:10	3-Lead ECG	Patient Response: Unchanged; Successful;	PERDUE, JOSHUA
09:13	IV Therapy	18 ga; Antecubital-Left; Normal Saline (.9% NaCl); Total Fluid 1000 ml; Patient Response: Unchanged; Successful;	PERDUE, JOSHUA
09:28	Zofran	4 Milligrams (mg); Intravenous (IV); Patient Response: Improved;	PERDUE, JOSHUA
09:30	Fentanyl	80 Micrograms (mcg); Intravenous (IV); Patient Response: Improved;	PERDUE, JOSHUA
09:35	Trauma Alert	Comments 1396597 JERRY, PRIORITY 2 TRAUMA; Patient Response: Unchanged;	PERDUE, JOSHUA

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	+ Event Oriented, Person Oriented, Place Oriented, Time Oriented
Skin		Skin	+ Cold, Pale
			- Cyanotic, Diaphoresis, Hot, Jaundiced, Lividity, Mottled





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Initial Assessment			
Category	Comments	Abnormalities	
HEENT		Head/Face	No Abnormalities
		Eyes	+ Left Pupil: 3-mm, Right Pupil: 3-mm
			- Left: Blind, Left: Constricted, Left: Dilated, Left: Non-Reactive, Right: Blind, Right: Constricted, Right: Dilated, Right: Non-Reactive
Chest		Neck/Airway	No Abnormalities
		Chest	No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	+ LL: Clear, LU: Clear, RL: Clear, RU: Clear
Abdomen			- LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi
		General	No Abnormalities
		Left Upper	- Distension, Guarding, Mass, Tenderness
		Right Upper	- Distension, Guarding, Mass, Tenderness
		Left Lower	- Distension, Guarding, Mass, Tenderness
Back		Right Lower	- Distension, Guarding, Mass, Tenderness
		Cervical	No Abnormalities
		Thoracic	+ Pain on ROM
			- Deformity, Scoliosis, Tender Paraspinous, Tender Spinous
Pelvis/GU/GI		Lumbar/Sacral	+ Pain on ROM
			- Deformity, Scoliosis, Tender Paraspinous, Tender Spinous
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	+ Paralysis
			- Abnormal Pulse, Abnormal Sensation, Edema, Weakness
		Right Leg	+ Paralysis
			- Abnormal Pulse, Abnormal Sensation, Edema, Weakness
		Pulse	+ Pedal: 2+ Normal, Radial: 2+ Normal
Neurological		Capillary Refill	+ Left Upper: < 2 Sec
		Neurological	No Abnormalities

Assessment Time: 05/02/2020 08:35:40

Ongoing Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	+ Event Oriented, Person Oriented, Place Oriented, Time Oriented
Skin		Skin	- Cold, Cyanotic, Diaphoresis, Hot, Jaundiced, Lividity, Mottled, Pale
HEENT		Head/Face	No Abnormalities
		Eyes	+ Left Pupil: 3-mm, Right Pupil: 3-mm
			- Left: Blind, Left: Constricted, Left: Dilated, Left: Non-Reactive, Right: Blind, Right: Constricted, Right: Dilated, Right: Non-Reactive
Chest		Neck/Airway	No Abnormalities
		Chest	No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	+ LL: Clear, LU: Clear, RL: Clear, RU: Clear
Abdomen			- LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi
		General	+ Nausea, Vomiting
		Left Upper	+ Distension
			- Guarding, Mass, Tenderness
		Right Upper	+ Distension
			- Guarding, Mass, Tenderness
		Left Lower	+ Distension
			- Guarding, Mass, Tenderness
		Right Lower	+ Distension
			- Guarding, Mass, Tenderness